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CILOSTAZOL INCREASES PATENCY AND DECREASES ADVERSE OUTCOMES IN PATIENTS SUBMITTED TO PERCUTANEOUS FEMOROPOPLITEAL STENT REVASCULARIZATION: A RANDOMIZED CONTROLLED TRIALS META-ANALYSIS

Oral Contributions
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Background: Cilostazol is an oral antiplatelet agent currently indicated for the treatment of intermittent claudication. There is some evidence that it may reduce femoropopliteal stent restenosis after percutaneous intervention.

Methods: We searched PubMed, Scopus, and Cochrane databases from 1966 through September 2013 for randomized control studies evaluating the addition of cilostazol to standard care in patients receiving femoropopliteal provisional stents. We evaluated restenosis, need for target lesion revascularization (TLR) and combined adverse outcomes (death, target vessel revascularization, and amputation). Statistical analysis was performed using RevMan 5.2. Heterogeneity was defined as I2 > 25%.

Results: Out of 205 articles, 3 randomized controlled trials were included in the analysis. The pooled data provided a total of 396 patients with 195 being on cilostazol. As demonstrated in figure in figure 1 the odds of having significant restenosis, TLR or adverse outcomes were reduced in 73, 73, and 45% (p<0.001).

Conclusion and Limitation: In our study cilostazol significantly increased patency and decreased adverse outcomes in patients receiving femoropopliteal stent revascularization. Despite the limited number of patients this study brings together the best current evidence. Large RCTs are urged.